| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155136 | A. BUILDING 01<br>B. WING _____ | 08/08/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GOLDEN LIVING CENTER-FOUNTAINVIEW TERRACE | 1900 ANDREW AVE<br>LA PORTE, IN 46350 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| K 000 | INITIAL COMMENTS<br><br>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.<br><br>Survey Date: 08/08/12<br><br>Facility Number: 000061<br>Provider Number: 155136<br>AIM Number: 100288620<br><br>Surveyor: W. Chris Greeney, Life Safety Code Specialist<br><br>At this Quality Assurance Walk-thru survey, Golden living Center - Fountainview Terrace was found in compliance with 410 IAC 16.2-3.1-19(ff).<br><br>This one story facility with a partial basement was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and battery operated smoke detectors in all resident rooms. The facility has a capacity of 176 and had a census of 141 at the time of this survey.<br><br>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.<br><br>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except for a detached maintenance garage and a storage shed.<br><br>Quality Review by Robert Booher, Life Safety | K 000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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|---|---|---|---|---|
| K 000 | Continued From page 1<br>Code Specialist-Medical Surveyor on 08/09/12. | K 000 | | |